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The consequences of aneuploidy and chromosome instability

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Chapter 7

Summary, Discussions
and Future Directions

Summary

Chromosome mis-segregation was first observed over 100 years ago in sea urchin embryos by Dr. Boveri. This mis-segregation was shown to be detrimental to cell and organism physiology, and Dr. Boveri was the first to suggest this chromosome mis-segregation might lead to cancer^{210,211}. Today chromosome instability (CIN) is considered a hallmark of cancer^{4,9,39,40,183}, and large bodies of evidence have shown that the majority of solid tumors are aneuploid^{7,8}. Despite years of research, there are still many unknowns and paradoxical effects of CIN and aneuploidy. Lower rates of CIN accelerate tumor progression in a cancer-prone background^{4,18,21,38,50}, while high rates of CIN are lethal to cancer cells^{4,16,31,32,159}, and yet other drivers of CIN can provoke cancer formation even in an un-predisposed background¹⁴. Some tissues tolerate CIN, while others do not^{15,38}. Aneuploidy is present in a majority of cancers^{7,8}, and often lowers the expected survival of patients^{11–13,105,107,108}, despite the fact that most karyotypes inhibiting cell proliferation^{2,3,42}. Investigating which types and levels of CIN help inhibit tumorigenesis in specific tissues, and how cancer cells can deal with the stresses of CIN and aneuploidy may lead to significant advances in CIN cancer therapy.

To better understand some of these apparent paradoxes within the field, CIN and aneuploidy should be assessed separately. In **chapter 2** we review these differences and discuss the various effects of CIN and aneuploidy. How can CIN be both toxic to cells and beneficial to tumor progression? Why are most aneuploidies detrimental to cell growth, yet so common in aggressive cancers? We discuss that the effects CIN has on cells and tissues are largely dependent upon intra and inter-cellular conditions such as tissue type, genetic mutations, level and type of CIN, the specific aneuploid karyotypes that cells develop, length of time cells are experiencing CIN, and whether the cells are in cell culture or *in vivo* conditions. While aneuploidy is frequently measured in both cell lines and in cells isolated from *in vivo* tumors and tissues, CIN is rarely measured *in vivo*. Ultimately, we conclude that more *in vivo* mouse models are needed to quantify CIN rates and cell fate, so that it becomes possible to better understand the effects of CIN, mutations, and the impact of drugs on CIN and aneuploidy *in vivo*.

Looking further into the differences between CIN and aneuploidy, we screened both stable aneuploid cells^{2,52}, and cells with ongoing chromosome mis-segregations to find drugs that selectively killed either cell

line (**Chapter 3**). We found that the drug(s) that were toxic to CIN cells were not toxic to stable, aneuploid cells, and vice versa. Our results, in combination with previous research¹³⁸ indicated that stable aneuploid cells may be especially sensitive to metabolic inhibitors. Our CIN screen, on the other hand, showed that the Src inhibitor SKI606 was synergistically toxic to Spindle Assembly (SAC) knockdown cells. While Src had been previously shown to be essential for microtubule nucleation¹⁵¹, we expand upon this by showing that Src inhibition has a significant effect on microtubule polymerization rates. Additionally, we find that nocodazole, another drug that alters tubulin stability²¹², is similarly toxic to SAC inhibited cells. Thus, we conclude that combining SAC knockdown with a drug that alter spindle dynamics significantly increase chromosome mis-segregation and lead to decreased cell growth.

Much like the drug screen described in **chapter 3**, most CIN and aneuploidy-related research has mostly been performed using cultured cells. While the importance of these experiments should not be understated, cell culture may not directly mimic *in vivo* conditions^{1,24,25}. Rates of chromosome mis-segregation, for example, have been shown to increase once cells are cultured *in vitro*²⁴. While CIN cancer cell lines have been studied in cell culture, very little research has been done on the rates of chromosome mis-segregation within tumors *in vivo*¹. One of the main reasons CIN is rarely studied *in vivo* is due to the lack of models that allow such experiments.

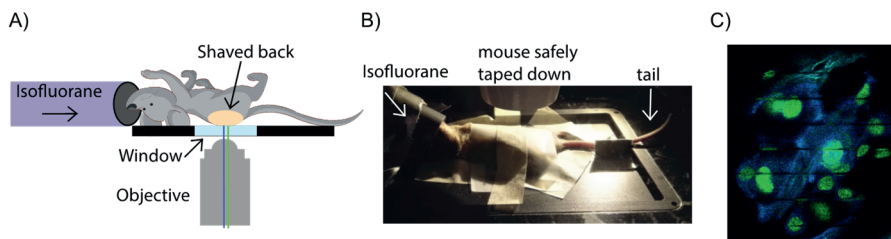


Figure 1: Imaging fluorescent mice. A-C) A diagram (A) and photo (B) of how fluorescent mice are viewed on the two-photon microscope. Mice are kept anesthetized with isofluorane gas. C) Fluorescent cells within live mouse skin; H2B is displayed in green (Nucleus), and tubulin in blue (cytoplasm).

We engineered a novel mouse model in which one can observe mitosis in living mice (**Chapter 4**). This mouse model, called the “CIN tracker”, fluorescently labels both the chromatin, via H2B-eGFP, and the spindle network, via mTurquoise2¹⁷³- α Tubulin. Additionally, the mitosis marker cassette can be activated in a tissue-specific manner at a time-point of

choice, allowing for more targeted research. We validated the model by inducing fluorescence within these mice and imaging the skin of living mice, which displayed mosaic fluorescence expression of both the tubulin network and nuclear chromatin (Figure 1). In future experiments, this fluorescent mouse model can be used to monitor *in vivo* CIN rates, both in healthy tissue and tumors. Since the mice are alive during imaging, we do not only observe mitosis, but also the fate of a cell after mis-segregating a chromosome. We would also be able to image a specific tissue multiple times over the course of days, week, months or even years, allowing for the study of long-term effects and changes in the rate and type of chromosome segregation.

The “CIN tracker” mouse model would allow us to visualize mis-segregating chromosomes *in vivo*, but not the aneuploid chromosomes themselves. While the aneuploidy of human tissues and tumors has been studied previously^{91,92,183}, *in vivo* aneuploidy measurements are end-point measurements⁴⁴. Thus, the fate of aneuploid cells *in vivo* has not been studied. In **chapter 5**, we set out to create an “AneuTracker” mouse model in which we can visualize aneuploidy within living cells and tissues. While we tested a fluorescent dCas9 method to fluorescently label chromosomes, we were unable to find small guide RNAs that localized to specific chromosomes within mouse cells, and we found that extended periods of time expressing dCas9 and sgRNAs was toxic to cells. We had more success using a fluorescent tetR and TRE binding site system. Using this system, we are able to fluorescently label a single chromosome within living cells in cell culture. We then engineered a new mouse model in which the TRE binding tandem was integrated within the genomic DNA. The TRE integration within the mouse genome was analyzed in cell culture and found to be sufficient to produce clear fluorescent chromosomal foci once a fluorescent tetR protein was transduced in the cell. In the future, a new mouse model will need to be made that expresses a fluorescent tet protein, in addition to a chromatin marker to discriminate individual nuclei, and perhaps labeled Tubulin as well. These mice with fluorescent tet proteins can be crossed with the AneuTracker mice to yield a mouse model in which chromosomes are fluorescently labeled with the tetR-TRE binding system. Additionally, the TRE binding site within the mouse was flanked with PiggyBack transposon sites, which would allow the TRE sequence to mobilize throughout the genome if the cells are exposed to the PiggyBac transposase protein. This would allow for the creation of several tagged mouse lines, each with the TRE integrated in another chromosome.

Finally, in **chapter 6**, we look into the effects of inducing a specific form of CIN *in vivo*. Inducing CIN by knocking out the SAC has been shown to be embryonically lethal⁴⁰, and toxic to hair follicle stem cells¹⁵, but tolerated in epithelial cells¹⁵, T-cells, and hepatocytes³⁸. Here we show that inducing CIN by inactivation of Mad2 or by mutating Mps1 in mammary tissue has no effect on mouse lifespan. By combining these CIN models with a mammary specific P53 knockout model, we show that the in the Mad2 knockout, but not in the Mps1 mutant, tumorigenesis is accelerated in a cancer-prone background. Thus, the driver of CIN is important in determining whether CIN accelerates tumorigenesis.

Since knocking out Mad2 and inducing CIN is embryonic lethal⁴⁰, but tolerated in several adult tissues such as the mammary tissue, we investigated whether inducing CIN systemically in adult mice would be tolerated (**chapter 6**). We found that inactivation of Mad2, with and without an accompanying P53 knockout, was rapidly lethal to mice. Within four days mice had lost 15% of their weight. Their intestinal villi were severely affected, with a significant increase in the number of apoptotic cells and a significant decrease in villus length. In addition to a strong phenotype in intestinal villi, we also found that hematopoietic cells showed a phenotypic change, albeit much more modest, while liver, lung and kidneys had no noticeable phenotypic alterations. This shows that the effect of CIN can be highly differential per tissue type, which might depend on the proliferation rate within the tissue.

Discussion and future directions

Future therapies to target CIN

Since CIN is a hallmark of cancer^{39,192}, and aneuploidy is found within 3 out of 4 tumors^{7,8}, specifically targeting CIN cells may be an effective therapy against these cancers. In our drug screen (**chapter 3**) we use SAC inhibition, via Mad2 knockdown, to model chromosomal instability. We find one drug that stands out from the rest when it comes to selectively inhibiting CIN cells: SKI606. The Src family inhibitor SKI606 was found to significantly alter microtubule dynamics, and it acts synergistically with SAC inhibition to increase mis-segregation rates dramatically. Nocodazole, a microtubule depolymerase²¹² has a similar synergistic toxicity with Mad2 knockdown cells, significantly increasing their CIN rate. While lower CIN can be

tolerated by many cell types, high rates of CIN are known to be toxic to tumor progression^{16,31,113}. We show that combining altered microtubule dynamics with the alleviation of the SAC is synergistically toxic, and may be an effective way to target CIN cells.

Src inhibition is known to prevent microtubule nucleation¹⁵¹, which in turn reduces the number of new microtubules formed. In **chapter 3** we show Src inhibition also increases microtubule plus end polymerization rates, a phenomenon that also occurs when treating with the microtubule depolymerase nocodazole¹³⁷. Decreasing the total number of microtubules in the cell would increase the pool of free-floating tubulin substrate, which in turn may increase microtubule polymerization rates. I hypothesize that cells treated with Src inhibitors or nocodazole have reduced numbers of microtubules and thus form a less dense spindle networks. A less dense spindle network would have an increased chance of faulty microtubule-kinetochore interactions. While the SAC would prevent cells from entering anaphase until the spindle manages to attach to all kinetochores, cells with a (partially) defective SAC and a low-density spindle network would have a greatly increased chance of mis-segregating chromosomes.

Cancer cells rarely display complete loss of SAC functionality^{39,213}, which might mean that Src inhibition would only be effective to a few specific forms of cancer. However, many CIN cancer cells do have altered microtubule dynamics^{47,136,137,214,215}. Because of this, inhibiting the SAC within cancers that already have altered microtubule dynamics may target those cancer cells. As personalized medicine becomes more prevalent within the clinic, screening patients for cancers who have altered microtubule dynamics or a complete loss of SAC may be a successful approach to determine which patients would benefit from SAC inhibiting and/or Src inhibiting medications during chemotherapy.

Combining SAC inhibition with altered microtubule dynamics in order to induce high rates of CIN^{32,164} is already being examined in stage 3 clinical trials as a method to target CIN cancers^{165–167}. In these clinical trials, SAC inhibition (via Mps1 inhibitors) is combined with the microtubule stabilizing drug paclitaxel^{66,137}. While paclitaxel decreases microtubule polymerization rates, Src inhibition increases this (chapter 3). While those drugs therefore have opposite effects on microtubule dynamics, they both alter spindle function, both significantly increase CIN in SAC inhibited cells, and are both toxic to SAC inhibited cells, suggesting that SAC inhibition and deregulation

microtubule polymerization in general is synergistically toxic to cells. While this thesis therefore supports the clinical trials looking into the synergistic paclitaxel and Mps1 inhibitor toxicity, it also reveals there are multiple drug combinations that have this synergistic toxicity. While more research is needed before our findings can be used in the clinic, targeting Src inhibited cells with SAC inhibitors, or combining SAC inhibition with nocodazole may prove to be equally effective as paclitaxel. Alternatively, using other microtubule destabilizing compounds such as the commonly used chemotherapeutic Vincristine, or Src inhibitors in combination with Mad2 inhibition may become a secondary line of treatment for cancers which have become resistant to paclitaxel and Mps1 inhibitors.

Mouse models to visualize CIN and aneuploidy in vivo

Since CIN and aneuploidy are different concepts with different consequences (**chapter 2**), and different targetable pathways (**chapter 3**), it is important that we have models that would allow us to monitor CIN, as well as models that would allow us to monitor aneuploidy. We therefore engineered, the “CIN tracker” allowing to monitor chromosome mis-segregation *in vivo* by fluorescently labeling the chromatin and the spindle network (**chapter 4**), and a separate “AneuTracker” model was made in order to visualize aneuploidy of a specific chromosome within a living tissue (**chapter 5**).

Chromosome mis-segregation has rarely been measured *in vivo*, largely due to the lack of mouse models designed for such purposes. Unfortunately, the level of CIN, and the fate of CIN cells in cell culture may not reflect what is actually happening within an organism^{1,24}. The CIN tracker model would allow us to view the level of ongoing chromosome-mis-segregation and the fate of CIN cells within different tumors, and the effect of drug treatments on CIN rates.

In addition, the “AneuTracker”, can be used to visualize the frequency of the copy number alterations for a specific chromosome in various tissues over time, and the rate of chromosome-specific aneuploidy within certain tumors. While aneuploidy has frequently been measured *in vivo*, these results are always endpoint measurements. This new model will allow us to measure the aneuploidy of a living tissue over time, observe the effects of treatments and mutations and as a consequence, lower the number of mice that are necessary per experiment.

While designed for a specific purpose, both models have broader applications as well. These models can be used to view the nuclear structure or tubulin dynamics within living tissues, they could be used for lineage tracing, and the derivation of fluorescent organoids or primary cell lines. These mouse models are an important next step for bringing many *in vitro* results and studies into an *in vivo* context, so that the consequences of CIN and aneuploidy within both healthy tissues and cancers can be better understood.

Final conclusions

CIN and aneuploidy are complex phenomena that have a large impact on cell physiology caused by a large number of deregulated processes. The mouse models for inducible CIN described in chapter 6 show how tissue types can determine a cell's response to CIN. The drug screen described in Chapter 3 does not only help highlight the different vulnerabilities imposed by CIN and aneuploidy, but also reveals how the rate of CIN determines how a cell population is affected, as we find that increasing CIN beyond a tolerable threshold may be a very effective way to target CIN cells.

Finally, this thesis presents two new mouse models: the "CIN tracker" mouse, to monitor chromosome mis-segregation in living tissues and cancers, and the "AneuTracker", to monitor chromosome copy numbers for an individual chromosome in living tissue. The "CIN tracker" model has already been shared with several collaborators, while the "AneuTracker" mouse model still needs the reporter cassette mouse to be generated, which we expect to finish in the next few years. Together, these beyond state of the art mouse models will significantly aid further work on the dynamics and consequences of CIN and aneuploidy within a living organism.

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